

## SUPPLEMENTAL BUS QUESTIONNAIRE

Applicant's Business Name: \_\_\_\_\_

FEIN #: \_\_\_\_\_ MC#: \_\_\_\_\_ or attach a copy of "Operations Authority".

The Agent/Broker currently controlling this account is: \_\_\_\_\_

Please describe in **DETAIL**, your operations: \_\_\_\_\_

Describe your 5 most frequent destinations: \_\_\_\_\_

### GENERAL INFORMATION

Full Time Employees: \_\_\_\_\_

Part Time Employees: \_\_\_\_\_

The company safety policy is up to date, and is being provided to all drivers. ☐ Yes ☐ No

Our drug policy statement is given to each newly hired employee. ☐ Yes ☐ No

A copy of the Employee Assistance Program is given to newly hired employees. ☐ Yes ☐ No

All customers are accepted on a pre-arranged basis. ☐ Yes ☐ No

Are all units you own and operate scheduled on this application? If no, please explain: ☐ Yes ☐ No

Do you own all vehicles scheduled on this application? If no, please explain: ☐ Yes ☐ No

We pick-up, transport and discharge passengers at frequent local stops along a prescribed route. ☐ No ☐ Yes

If yes, attach a copy of your hours of operation and a list of scheduled runs.

We have fuel storage tanks on our premises. ☐ No ☐ Yes

Do you share dispatch services with any other company? ☐ No ☐ Yes

List below your **ESTIMATED** mileage, gross receipts, payroll and average number of revenue producing units for the **PROPOSED, CURRENT** and **3 PREVIOUS** policy periods.

POLICY PERIOD	YEAR	MILEAGE	GROSS RECEIPTS	PAYROLL	REVENUE UNITS
Proposed					
Current					
1 <sup>st</sup> Prior					
2 <sup>nd</sup> Prior					
3 <sup>rd</sup> Prior					

For each of the following categories, indicate your projected (A) receipts for the proposed policy period, (B) total mileage for the proposed policy period and (C) number of units.

Bus Category/Radius	Current Radius	Projected Receipts	Current Mileage	Projected Mileage	# of Units	% Used
School Bus						
Airport Shuttle						
Entertainment Bus						
Sightseeing						

Bus Category/Radius	Current Radius	Projected Receipts	Current Mileage	Projected Mileage	# of Units	% Used
Regular Route Intercity						
Charter						
Urban						
Other (Describe)						

#### DRIVER INFORMATION

We check our driver's MVRs ☐ Annually ☐ Semi-Annually ☐ After an Accident

Are MVR's required prior to hiring? ☐ Yes ☐ No

Are all drivers required to have a minimum of 2 years experience in similar type vehicles? ☐ Yes ☐ No

Each driver is given a driving test prior to hire? ☐ Yes ☐ No

We require all drivers to possess valid Commercial Driver's License (CDL) with passenger endorsement. ☐ Yes ☐ No

We require all drivers to take a physical before hire. ☐ Yes ☐ No

We conduct random and reasonable "for cause" drug testing. ☐ Yes ☐ No

We have post accident drug testing procedures in place. ☐ Yes ☐ No

Any drivers not covered by Workers Compensation? ☐ Yes ☐ No

Do you have trips over 500 miles? ☐ Yes ☐ No

If yes, how do you control driver fatigue? \_\_\_\_\_

Which of the following "Metropolitan Areas" and state are entered or traveled through? (Note: "Metropolitan Areas" is not limited to city limits only.)

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Atlanta (01)    | <input type="checkbox"/> Dallas/Ft. Worth (09) | <input type="checkbox"/> Little Rock (17)    | <input type="checkbox"/> New Orleans (25)   | <input type="checkbox"/> Richmond (33)       |
| <input type="checkbox"/> Balti/Wash (02) | <input type="checkbox"/> Denver (10)           | <input type="checkbox"/> Los Angeles (18)    | <input type="checkbox"/> New York City (26) | <input type="checkbox"/> St. Louis (34)      |
| <input type="checkbox"/> Boston (03)     | <input type="checkbox"/> Detroit (11)          | <input type="checkbox"/> Louisville (19)     | <input type="checkbox"/> Oklahoma City (27) | <input type="checkbox"/> Salt Lake City (35) |
| <input type="checkbox"/> Buffalo (04)    | <input type="checkbox"/> Hartford (12)         | <input type="checkbox"/> Memphis (20)        | <input type="checkbox"/> Omaha (28)         | <input type="checkbox"/> San Francisco (36)  |
| <input type="checkbox"/> Charlotte (05)  | <input type="checkbox"/> Houston (13)          | <input type="checkbox"/> Miami (21)          | <input type="checkbox"/> Phoenix (29)       | <input type="checkbox"/> Tulsa (37)          |
| <input type="checkbox"/> Chicago (06)    | <input type="checkbox"/> Indianapolis (14)     | <input type="checkbox"/> Milwaukee (22)      | <input type="checkbox"/> Philadelphia (30)  |  |
| <input type="checkbox"/> Cincinnati (07) | <input type="checkbox"/> Jacksonville (15)     | <input type="checkbox"/> Minn./St. Paul (23) | <input type="checkbox"/> Pittsburgh (31)    |  |
| <input type="checkbox"/> Cleveland (08)  | <input type="checkbox"/> Kansas City (16)      | <input type="checkbox"/> Nashville (24)      | <input type="checkbox"/> Portland (32)      |  |

#### DRIVER SUSPENSION

Would you know if a driver's license was suspended? ☐ Yes ☐ No

Do employees take vehicles home? ☐ Yes ☐ No

If yes, is there a written company policy which prohibits operation by household members? ☐ Yes ☐ No

#### VEHICLE INFORMATION

Storage of Vehicles: ☐ Open Lot ☐ Fenced ☐ Covered If covered, how many in facility at one time? \_\_\_\_\_

Protection: ☐ Private Security ☐ Alarm System ☐ 24 Hour Operation ☐ None

Max values at any one location: \_\_\_\_\_

Our vehicles are serviced on the following regular basis: ☐ 3,000 miles ☐ Monthly ☐ Semi-annually  
☐ Other

Who provides maintenance on your vehicles? \_\_\_\_\_

Are they DOT qualified? ☐ Yes ☐ No

If no, explain. \_\_\_\_\_

Do your vehicles display promotional lettering or advertisement? ☐ No ☐ Yes

Do your vehicles have special equipment to transport the handicapped? ☐ No ☐ Yes

Are daily or pre-trip inspections made? ☐ Yes ☐ No

Does your state require annual inspections? ☐ Yes ☐ No

If yes, please attach a copy of your last inspection record for all vehicles over 10 years of age.

We meet (check all applicable): Federal ☐ State ☐ County ☐ City ☐ Other ☐ driver qualification and vehicle  
Inspection requirements outlined in State Department of Transportation and/or the Federal Motor Carrier Regulations

Attach a copy of currently valued loss runs for your insurance carrier(s) for each of the past three- (3) full policy years.  
If loss runs are not available, please state reasons why and include a signed statement specifying claims as to type,  
amount paid and amounts reserved for each policy period. Also, provide details for any loss occurrences that exceed  
\$25,000 or involved a fatality or serious injury. **THIS INFORMATION IS MANDATORY.**

If new in business within the past two years, please fully complete the New Business Questionnaire.

This application is an attachment to and subject to all conditions stated in the ACORD application for your  
state of domicile.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Completed